Dear Members,

Here is a message from EOEA with COVID-19 incident reporting guidelines. Both the introductory email to executive directors and the attached guidelines are copied below.

Good Afternoon,

You are receiving this email because you are on file with EOEA as an Executive Directors, an authorized user of the Dynamics incident reporting system or you have requested to be included on all correspondence sent from the Assisted Living Certification unit to the ALRs.

This office extends its appreciation to all the Assisted Living Residences (ALRs) in the Commonwealth for your ongoing efforts to ensure the health and safety of ALR Residents during the current COVID-19 State of Emergency. According to 651 CMR 12.04(11)(d), ALRs shall report to EOEA “the occurrence of an incident or accident that arises within a Residence or its property, that has or may have a Significant Negative Effect on a Resident’s health, safety or welfare.” Due to the potential impact of COVID-19 on the health of all Residents in an ALR community, EOEA has determined that COVID-19 infection, confirmed or presumed, is a reportable incident which should be submitted as an Individual incident report using EOEA online incident reporting system (Dynamics).

We ask that you please review the attached document which has been created in response to numerous inquiries from the ALRs and the intake of COVID-19 incident reports submitted over the past eight weeks. The information outlined is suggested best practices and meant to assist the ALRs (the reporter) during the submission of a report as well as to aid EOEA during the intake, review and tracking process.

Thank you in advance for your attention and consideration to streamline the reporting process during this time.

Be safe,

Assisted Living Certification Unit, EOEA
Reporting a Resident-Specific COVID-19 Incident

• Only one (1) IR should be submitted describing COVID-19 for each individual Resident.
• Incident Headline should indicate “COVID-19.”
• If a resident was sent out to the ER to be evaluated for an incident unrelated to COVID-19 (i.e. Fall, Behavioral event) and is tested while out at the ER and confirmed to be positive, this should be a new IR separate from the original incident. The new IR should be submitted with an Incident Headline of “COVID-19.”
• COVID-19 testing should NOT be reported as a Facility-Wide IR.

Updating an Incident:

• Any update to the original COVID-19 report should be made in the “Notes” section of the report – please do NOT submit a separate IR to update the Resident COVID-19 status. Updating an existing report is prompted primarily by the following circumstances:
  • The ALR receives notification of test results
  • The ALR receives notification of a Resident’s death
    • Include date of death, if known
    • If date of death is not known, state the date that the ALR was informed of Resident’s death.

Reporting When Resident Status of COVID-19 is Not Known:

• Submit an IR for any Resident who was not tested, but based on healthcare provider or Local Board of Health (LBOH) guidance is presumed to be positive.

EXAMPLE: Resident is offered COVID-19 testing but the Resident or family refuses testing. Resident physician has advised the ALR that the Resident should be treated as presumed positive based on symptoms and/or history or exposure in the ALR. An IR should be submitted with an Incident Headline of “COVID-19” and an explanation in the narrative that Resident/family refused testing, but is “presumed positive” per healthcare provider’s guidance.

Reporting on Proactive, Building-wide COVID-19 Testing:

• When proactive, building-wide testing is being completed, do not submit test results until known. NOTE: You do not need to submit the results of the ALR-wide testing if the result is “negative”
Reporting COVID-19 Incident when a Resident has been out of the ALR:

- If the ALR is notified that a Resident who has been out of the ALR for greater than two weeks has had a positive test result for COVID-19 while out, submit this incident report including the date the Resident was last present in the ALR.

Reporting Non-Resident Known COVID-19 Information:

- Due to Resident health-risk from inadvertent interaction with employees and outside personnel who have tested positive, EOEA has requested that all known COVID-19 positive testing results be reported on a weekly basis using the revised EOEA template issued by email on May 5, 2020. These reports should be submitted to: ALRhelp@massmail.state.ma.us. Email ALR Help if you need assistance obtaining the May 5th version of the Excel template.

Improving clarity in the IR Text:

- When possible, avoid using both the terms “positive” and “negative” in the IR narrative.
- **EXAMPLE:** Majority of this ALR community has tested positive for COVID-19 but Resident A’s test result is negative.
- **PREFERRED:** Resident A’s test result is negative.

- Use these terms when identifying the COVID-19 status: “positive”, “negative “or “presumptive positive”.
- **EXAMPLE:** Resident’s test result is not positive.
- **PREFERRED:** Resident’s test result is negative.

- If the test result is “inconclusive,” indicate whether the Resident will be re-tested and/or whether the Resident’s healthcare provider/LBOH agent has advised that the Resident should be presumed positive.
- **EXAMPLE:** Resident A’s test result is inconclusive / positive.
- **PREFERRED:** Resident A’s April 1, 2020 test result is inconclusive; Resident to be re-tested on April 3, 2020 and due to symptoms, Resident A’s healthcare provider has advised to care for Resident as presumed positive until this time.

- Submit Resident names in the Dynamics field as First Name Last Name
- **EXAMPLE:** Doe, John
- **PREFERRED:** John Doe

Any questions on COVID-19 Related Incident Reporting should be sent to: ALRhelp@massmail.state.ma.us

Please contact us if you have any questions at, MassALA@mass-ala.org

*The information provided in this COVID 19 update is solely for general informational purposes to assist in understanding the evolving guidance regarding the current COVID 19 public health threat. It is not intended to be a primary public health or medical resource, but is provided as a clearinghouse for or compilation of various guidance issued by official and related sources.*